"FILED UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

DEC 2 7 2007

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MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT
IN FORMA PAUPERIS APPLICATION
AND

FINANCIAL AFFIDAVIT

GreGory CHAMPION Plaintiff

	Plaintifi	•
	v.	07C7267
ok C.	and Charles The Asset	CASE NUMBER
	Defendant(s) ive Ofreetor Godinez	лирсе JUDGE PALLMEYER
		MAGISTRATE JUDGE VALDE
and pr I, GC (other without declar the co	in the additional information. Please PRINT: EGOTY CHAMPION in the above-entitled case out full prepayment of fees, or in support of it that I am unable to pay the costs of these promplaint/petition/motion/appeal. In support of ving questions under penalty of perjury:	the root appries. Wherever the answer to any question require it one or more pages that refer to each such question number clocker that I am the Aplaintiff petitioner mover the This affidavit constitutes my application to proceed my motion for appointment of counsel, or both. I also receedings, and that I am entitled to the relief sought is of this petition/application/motion/appeal, I answer the Application of the Council of the Council of the Prize of th
2		Yes ANO Monthly amount:
	a. If the answer is "No": Date of last employment: 09/0/ Monthly salary or wages: Name and address of last employer:	106 \$2500.00 EAGLE Printing 2894 N. Milwa
	b. Are you married? Spouse's monthly salary or wages: Name and address of employer:	Yes ANo
3.	or anyone cise fiving at the same address	ponse to Question 2, in the past twelve months have you received more than \$200 from any of the following ", and then check all boxes that apply in each category."
	a. Salary or wages Amount Receive	□Yes M No

	b.	□Yes	<u> </u> 			
	c.	□Yes	₩No			
	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance compensation, ☐ unemployment, ☐ welfare, ☐ alimony or man	e, □ disability intenance or □	, [] workers child suppor			
	AmountReceived by	□Yes	M No			
	e.	□Yes	ØN₀			
	f.	□Yes	□ZQV o			
4.	Do you or anyone else living at the same address have more than \$	200 in cash or amount:	checking o			
5. _.	Do you or anyone else living at the same address own any stocks, financial instruments? Property:	∏Yes	I ⊠ No			
6,	Do you or anyone else living at the same address own any real econdominiums, cooperatives, two-flats, three-flats, etc.)?	estate (houses,	apartments			
	Type of property: Current value: In whose name held: Relationship to you: Amount of monthly mortgage or loan payments: Name of person making payments:					
7.	Do you or anyone else living at the same address own any automobiles, boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000?					
	Property: Current value: In whose name held: Relationship to you:		<u>K</u> wº			
3.	List the persons who are dependent on you for support, state your relaindicate how much you contribute monthly to their support. If none, c	tionship to eac	h ocrson and			

I declare under penalty of perjury that the above information is true and correct. I understand that pursuant to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Gregory CHAMPION
(Print Name)
DIVISION 2 DOCT 2 -

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period-and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE

(Incarcerated applicants only)

(Fo be completed by the institution of incarceration)
I certify that the applicant named herein, Gregory Champion, I.D.# 2006 008 00 31
of \$On account to his/her credit at (name of institution)C_C_D_O_C
I further certify that the applicant has the following securities to his/her credit: I further
certify that during the past six months the applicant's average monthly deposit was \$ 28.76
(Add all deposits from all sources and then divide by number of months).
8/3/07 L. Graham
DATE SIGNATURE OF AUTHORIZED OFFICER
_ L. Graham
(Print name)



Managed Services Managed Better.

TRANSACTION REPORT Print Date: 11/19/2007

Inmate Name: CHAMPION, GREGORY Balance: \$0.01

Inmate Number: 20060080031 Inmate DOB: 12/21/1957

Stamp	Transaction	Amount	Balance
02/28/2007	ORDER DEBIT	-0.18	0.01
01/10/2007	ORDER DEBIT	-3.00	0.19
01/03/2007	ORDER DEBIT	-7.20	3.19
01/03/2007	RETURN CREDIT	2.45	10.39
12/27/2006	ORDER DEBIT	-29.01	7.94
12/20/2006	ORDER DEBIT	-14.54	36.95
12/15/2006	CREDIT	50.00	51.49
12/13/2006	ORDER DEBIT	-10.15	1.49
12/06/2006	ORDER DEBIT	-88.40	11.64
12/01/2006	CREDIT	50.00	100.04
12/01/2006	CREDIT	50.00	50.04
11/21/2006	ORDER DEBIT	-0.20	0.04
11/15/2006	ORDER DEBIT	-0.20	0.24
11/01/2006	ORDER DEBIT	-1.90	0.44
10/25/2006	ORDER DEBIT	-16.66	2.34
10/16/2006	CREDIT	19.00	19.00

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